## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee.
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1. (a) NA	AME OF CO	DMMITTEE IN FULL			]	
		Association Plumbers and Action Committee (Arizo	•			
(-)		Street Address				
3!	901 North	24th Street			2. FEC IDENTIFIC C00583344	CATION NUMBER
(c) City	y, State and	I ZIP Code			3. TYPE OF COM	MITTEE (check one)
Р	hoenix		AZ	85016	STATE PA	RTY
I certify	y that <b>o</b>	<b>ne</b> of the following situation	ns is correct (co	mplete line 4 or 5):	<u> </u>	
oi at	n <u>08/1</u> ffiliation	with:	Itaneously quali Political Education C	ified as a multicandi	date committe ation of Journeyr	ee through its
F	FC Ide	ntification Number: C00012	476			
					•	
5. S	TATUS					
(a	-	ndidates: The committee h		• •	) federal cand	idates listed
		Name		Office Sought	State/Dist	rict Date
	(i)					
	(ii)					
	(iii)					
	(iv)					
	(v)					
(k	•	ntributors: The committee	received a cont	ribution from its 51s	t contributor	I
(0	-	gistration: The committee I mitted on:	-	ered for at least 6 m	onths. FEC F	ORM 1 was
(0	d) Qua	alification: The committee	met the above ı	requirements on:		·
		examined this Statement and to the				DATE
Aaron B		NAME OF TREASURER	SIGNATURE OF THE Aaron Butler	neadurek [E	lectronically Filed]	DATE 08/14/2015
NOTE: S	Submission	n of false, erroneous, or incomplete in		t the person signing this Sta D BE REPORTED WITHIN		l alties of 2 U.S.C. §437g.